

**Instructions for Preparing and Submitting the Fiscal Year (FY) 2017  
Native Hawaiian Health Care Improvement Act Program Progress Report  
for Native Hawaiian Health Care Systems (NHHCS) and Papa Ola Lokahi (POL)**

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**Purpose**

This Native Hawaiian Health Care Improvement Act (NHHCIA) Program Non-Competing Continuation Progress Report (NCC) (hereafter referred to as the progress report) will provide funding for the fiscal year (FY) 2017 budget period (August 1, 2017 through July 31, 2018). The NHHCIA, as amended (42 U.S.C. 11701 and 11714), is a Congressional Special Initiative for improving the provision of comprehensive disease prevention, health promotion, and primary health care services to Native Hawaiians.

Continued funding is based on program compliance, organizational capacity to accomplish the project's goals, Congressional appropriation, and a determination that continued funding would be in the best interest of the federal government.

## Submission and Award Information

Submissions are due in the HRSA Electronic Handbooks (EHB) by 5:00 PM ET on March 23, 2017. Awards are expected on or around August 1, 2017. The progress report budget request must not exceed the recommended level of support found on line 13 of the most recent Notice of Award (NoA) and shown below in Table 1. Progress reports must describe progress made since submission of the progress report on April 15, 2016.

## Summary of Funding

This program provides funding in federal fiscal years 2015–2017. Submission of this progress report is required to obtain federal funding for FY 2017.<sup>1</sup> Approximately \$12,339,016 is expected to be available to fund six grants in FY 2017 to cover the period of August 1, 2017 through July 31, 2018. Funds will be appropriated annually and distributed among the six recipients in consultation with POL (see 42 U.S.C. 11705 and 11706). The specific amount that each organization is eligible to receive for FY 2017 is identified below.

**Table 1: Maximum Awards for FY 2017**

| Recipient Name          | Maximum Funding Amount |
|-------------------------|------------------------|
| Ho'ola Lahui Hawai'i    | \$2,305,752            |
| Hui Malama Ola Na O'iwi | \$2,273,083            |
| Hui No Ke Ola Pono      | \$2,569,511            |
| Ke Ola Mamo             | \$2,387,221            |
| Na Pu'uwai              | \$1,800,000            |
| Papa Ola Lokahi (POL)   | \$1,003,449            |
| <b>Total</b>            | <b>\$12,339,016</b>    |

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<sup>1</sup> For this grant, FY 2017 funding is for the August 1, 2017–July 31, 2018 budget period.

## Technical Assistance

| ASSISTANCE NEEDED   | PLEASE CONTACT   |
|---|--|
| General NHHCIA NCC technical assistance (e.g., forms samples)     | <b>Native Hawaiian Health Care Improvement Act Technical Assistance (NHHCIA TA) Webpage</b><br><a href="http://bphc.hrsa.gov/programopportunities/fundingopportunities/NHHCS/index.html">http://bphc.hrsa.gov/programopportunities/fundingopportunities/NHHCS/index.html</a> |
| NHHCIA NCC budget or other fiscal questions                       | <b>Christie Walker</b><br>Office of Federal Assistance Management<br>Division of Grants Management Operations<br><a href="mailto:cwalker@hrsa.hhs.gov">cwalker@hrsa.hhs.gov</a> or 301-443-7742  |
| NHHCIA progress report questions                                  | <b>Mari Novosad</b><br>Bureau of Primary Health Care<br>Office of Policy and Program Development<br><a href="mailto:bphcnh@hrsa.gov">bphcnh@hrsa.gov</a> or 301-594-4300   |
| EHB submission issues (e.g., issues with completing forms in EHB) | <b>BPHC Helpline</b><br><a href="http://www.hrsa.gov/about/contact/bphc.aspx">http://www.hrsa.gov/about/contact/bphc.aspx</a><br>or 1-877-974-BPHC (2742)  |

## Reporting

NHHCS and POL must comply with the following yearly reporting requirements.

- Audit Requirements**  
 Effective December 26, 2014, all administrative and audit requirements, and the cost principles that govern federal monies associated with this award, will be subject to the Uniform Guidance [2 CFR 200](#) as codified by the Department of Health and Human Services (HHS) at [45 CFR 75](#), which supersede the previous audit requirements.
- Payment Management Requirements**  
 Submit a quarterly electronic Federal Financial Report (FFR) Cash Transaction Report via the Payment Management System (PMS). The report identifies cash expenditures against the authorized NHHCIA funds. Failure to submit the report may result in the inability to access NHHCIA funds.
- Budget Status Reports**  
 Submit a Federal Financial Report (SF-425) in EHB at the end of each budget period to account for expenditures under the project. You will be permitted 90 days to liquidate obligations following the end of the budget period. The report will be due October 30, 2017.
- Transparency Act Reporting Requirements**  
 Awards issued are subject to the reporting requirements of the Federal Funding Accountability and Transparency Act (FFATA) of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252, and implemented by 2 CFR Part 170. Grant

recipients must report information for each first-tier subaward of \$25,000 or more in Federal funds and executive total compensation for the recipient's and subrecipient's five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170 (FFATA details are available at the [Requirements for FFATA Implementation webpage](#)).

- **Native Hawaiian Data System Yearly Reports**—Reports must be submitted in accordance with instructions provided by the HRSA Project Officer and the Office of Quality Improvement.
- **Integrity and Performance Reporting**—The Notice of Award will contain a provision for integrity and performance reporting in [FAPIIS](#), as required in [2 CFR 200 Appendix XII](#).

## General Instructions

The progress report must not exceed **40 pages** when printed by HRSA (approximately 5 MB). Submit single-spaced narrative documents with 12 point, easily readable font (e.g., Times New Roman, Arial, Calibri) and one-inch margins. Smaller font (no less than 10 point) may be used for tables, charts, and footnotes.

Progress reports lacking all required information will be considered incomplete or non-responsive and will be returned via a “request change” notification in EHB for the provision of missing information. If HRSA does not receive a progress report by the established deadline or receives an incomplete or non-responsive progress report, a delay in NoA issuance or a lapse in funding could occur.

Required components for submission are listed below, in [Table 2](#). In the Form Type column of [Table 2](#), “Form” refers to structured forms completed online in EHB and “Attachment” refers to documents that must be created by the applicant and uploaded into EHB.

**Table 2: Submission Components**

| <b>Progress Report Section</b>                                     | <b>Form Type</b> | <b>POL, NHHCS, or Both</b> | <b>Instructions</b>  | <b>Counted in Page Limit?</b> |
|--|------------------|----------------------------|--|-------------------------------|
| SF-PPR and SF-PPR-2  | Form             | Both POL and NHHCS         | Instructions are included in the <a href="#">NCC User Guide</a> .  | No                            |
| Budget Information: Budget Details Form                            | Form             | Both POL and NHHCS         | Refer to the <a href="#">Budget Information: Budget Details Form</a> section for detailed instructions.  | No                            |
| Budget Narrative   | Attachment       | Both POL and NHHCS         | Upload the Budget Narrative. Refer to the <a href="#">Budget Narrative</a> section for detailed instructions.                                    | Yes                           |
| Performance Narrative  | Attachment       | Both POL and NHHCS         | Upload the Performance Narrative. Refer to the <a href="#">Attachment Instructions</a> section for detailed instructions.                        | Yes                           |
| Attachment 1 (POL Only): FY 2016 Project Work Plan Progress Report | Attachment       | POL Only                   | Upload the Project Work Plan Progress Report (see <a href="#">Appendix A</a> ). A sample is available on the <a href="#">NHHCIA TA webpage</a> . | Yes                           |
| Attachment 2 (POL Only): FY 2017 Project Work Plan Update          | Attachment       | POL Only                   | Upload the Project Work Plan Update (see <a href="#">Appendix A</a> ). A sample is available on the <a href="#">NHHCIA TA webpage</a> .          | Yes                           |
| Attachment 3 (NHHCS Only): Service Projections Update              | Attachment       | NHHCS Only                 | Upload the Service Projections Form Update (see <a href="#">Appendix B</a> ). A sample is available on the <a href="#">NHHCIA TA webpage</a> .   | Yes                           |

| Progress Report Section   | Form Type  | POL, NHHCS, or Both | Instructions  | Counted in Page Limit? |
|---|------------|---------------------|---|------------------------|
| Attachment 4 (NHHCS Only): Clinical Performance Measures (Required and Optional)  | Attachment | NHHCS Only          | Upload the Required Clinical Performance Measures Forms Updates; include Optional Clinical Performance Measures Forms Updates, as appropriate (see <a href="#">Appendix B</a> ). A sample is available on the <a href="#">NHHCIA TA webpage</a> .       | Yes                    |
| Attachment 5 (NHHCS Only): Financial Performance Measures (Required and Optional) | Attachment | NHHCS Only          | Upload the Required Financial Performance Measures Forms Updates; include any Optional Financial Performance Measures Forms Updates, as appropriate (see <a href="#">Appendix B</a> ). A sample is available on the <a href="#">NHHCIA TA webpage</a> . | Yes                    |
| Attachment 6 (NHHCS Only): Income Analysis  | Attachment | NHHCS Only          | Upload the Income Analysis form (see <a href="#">Appendix B</a> ). A sample is available on the <a href="#">NHHCIA TA webpage</a> .   | Yes                    |
| Attachment 7: Staffing Plan (as applicable)                                       | Attachment | Both POL and NHHCS  | If the staffing plan has changed since submission of the FY 2016 NHHCIA progress report (e.g., new staff hired), upload a revised staffing plan (see <a href="#">Appendix C</a> ). A sample is available on the <a href="#">NHHCIA TA webpage</a> .     | Yes                    |

| Progress Report Section   | Form Type  | POL, NHHCS, or Both | Instructions   | Counted in Page Limit? |
|---|------------|---------------------|--|------------------------|
| Attachment 8: Position Descriptions for Key Personnel (as applicable) | Attachment | Both POL and NHHCS  | If position descriptions for key staff have changed since submission of the FY 2016 NHHCIA progress report, upload new job descriptions (see <a href="#">Appendix C</a> ).   | Yes                    |
| Attachment 9: Biographical Sketches for Key Personnel (as applicable) | Attachment | Both POL and NHHCS  | If there have been any new key staff hired since submission of the FY 2016 NHHCIA progress report, provide biographical sketches for each (see <a href="#">Appendix C</a> ).   | Yes                    |
| Attachment 10: Summary of Contracts and Agreements (as applicable)    | Attachment | Both POL and NHHCS  | Provide a summary describing any new or revised contracts and/or agreements established since the submission of FY 2016 NHHCIA progress report application (see <a href="#">Appendix C</a> ).                                | Yes                    |
| Attachment 11: Other Relevant Documents (as applicable)               | Attachment | Both POL and NHHCS  | If applicable, provide the indirect cost rate agreement. If desired, provide other documents to support the progress report (e.g., publications, survey instruments, data summary charts) (see <a href="#">Appendix C</a> ). | Yes                    |

### Budget Presentation Instructions

A complete budget presentation includes the Budget Information: Budget Details Form, to be completed electronically in EHB for the upcoming FY 2017 budget period (August 1, 2017

through July 31, 2018), and the Budget Narrative attachment. HRSA recommends the following resources to facilitate development of an appropriate budget:

- The *HHS Grants Policy Statement*: <http://www.hrsa.gov/grants/hhsgrantspolicy.pdf>.
- The *HHS Policy on Promoting Efficient Spending*: <http://www.hhs.gov/grants/contracts/contract-policies-regulations/efficient-spending/index.html>.

Funding is limited to entities designated in the NHHCIA, as amended (see [Table 1](#)). Funds under this announcement may not be used for the following purposes:

- Funds awarded to NHHCS organizations may not be used to provide inpatient services, make cash payments to intended recipients of health services, purchase or improve real property (other than minor remodeling/repairs), or purchase major medical equipment.
- NHHCS **may not** spend more than 10 percent of grant funds for the purpose of administering the grant (e.g., administrative salaries, office/non-program supplies, audit services), as described in the authorizing statute [42 U.S.C. 11707(e)].

The General Provisions in Division G, of the Consolidated and Further Continuing Appropriations Act, 2015 (P.L. 113-235), apply to this program. Please see Section 4.1 of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other restrictions will apply in FY 2017, as required by law.

### **Cost Sharing/Matching**

Cost sharing/matching is required for this program. As described in the [authorizing statute \[42 U.S.C. 11705\(e\)\]](#), all NHHCS applicants must accrue non-federal matching funds in an amount equal to \$1 for every \$5 of federal funds. This means that at least 16.7 percent of the total budget must be paid for with non-federal resources.

Non-federal contributions may be in cash or in-kind. In-kind contributions must be fairly evaluated and may include plant, equipment, or services. Amounts provided by the federal government or services assisted or subsidized to any significant extent by the federal government may not be included in determining the amount of such non-federal contributions. Federal sources may be used as matching funds if received as fees, payments, or reimbursements for the provision of a specific service, such as patient care reimbursements received under Medicare or Medicaid. Generated program income may be used as matching funds.

### **Budget Information: Budget Details Form (Required for POL and NHHCS)**

In [Section A: Budget Summary](#), in the Federal column, provide the total of federal funding sources for your organization based on the most recent Notice of Award. The federal funding requested equals the Recommended Federal Budget figure that appears at the top of the Budget Information: Budget Details Form. This figure corresponds with the Recommended Future Support figure from line 13 of the most recent NoA.



In the Non-Federal column, provide the total of the non-federal funding sources for your organization. The total for the Non-Federal column should equal the Total Non-Federal value on the Income Analysis form. The amount(s) in the Total column will be calculated automatically as the sum of the Federal and Non-Federal columns.

In Section B: Budget Categories, provide a breakdown of the requested funds by object class category (e.g., Personnel, Fringe Benefits). You may want to use the Budget Information: Budget Details Form included with your 2016 progress report submission as a point of reference, noting that the total federal request and the value for each object class category may differ year to year based on funding allocations and programmatic changes. The total in Section B should match the federal request in Section A.

The amounts in the Total Direct Charges row and the Total column will calculate automatically. Indirect costs may only be claimed with an approved indirect cost rate (see details in the Budget Narrative section below).

In Section C: Non-Federal Resources, enter the non-federal resources. NHHCS applicants are required to include non-federal matching funds in an amount equal to \$1 for every \$5 of federal funds. Please see [Cost Sharing/Matching](#) for more information about in-kind contributions and matching funds.

### **Budget Narrative**

Include a line-item Budget Narrative explaining the amounts requested for each row in Section B: Budget Categories of the Budget Information: Budget Details form, including details on both the federal request and non-federal resources. The Budget Narrative is for **one year, based on the upcoming FY 2017 budget period (August 1, 2017 through July 31, 2018)**. Upload the Budget Narrative in the Budget Narrative field section in EHB. The Budget Narrative must contain detailed calculations explaining how each line-item expense is derived. Demonstrate the following in the Budget Narrative:

- The total resources required to achieve the goals and objectives (both federal and non-federal).
- The maximization of non-grant revenue relative to the proposed plan.
- A complete breakdown of the costs for each activity.
- **For NHHCS only:** A detailed presentation of the breakdown and sources for matching funds as required in 42 U.S.C. § 11705(e).
- **For NHHCS only:** A comprehensive and detailed discussion on how the applicant will meet the 10% administrative cap.
- **For POL only:** One-time equipment purchases (see definition of equipment on page 10).

Include the following sections in the Budget Narrative:

**Personnel Costs:** List each staff member to be supported by federal NHHCIA funds, and include the name (if possible), position title, percent full time equivalency (FTE), and annual salary.

**Reminder:** Federal funds may not be used to pay the salary of an individual at a rate in excess

of Federal Executive Level II of the Federal Executive Pay scale (currently \$187,000). An individual's base salary, per se, is not constrained by the legislative provision; the rate limitation restricts the amount of the salary that may be charged under the NHHCIA. Provide all base salaries at the full amount, even if they exceed the salary limit.

[Table 3](#) provides the information that must be included for each staff position supported in whole or in part with NHHCIA funds.<sup>2</sup>

**Table 3 : Budget Sample for Salary Limitation**

| Name     | Position Title     | % of FTE | Base Salary | Adjusted Annual Salary | Federal Amount Requested |
|----------|--------------------|----------|-------------|------------------------|--------------------------|
| J. Smith | Physician          | 50       | \$225,000   | \$187,000              | \$93,500                 |
| R. Doe   | Nurse Practitioner | 100      | \$75,950    | no adjustment needed   | \$75,950                 |
| D. Jones | Data/IT Specialist | 25       | \$33,000    | no adjustment needed   | \$8,250                  |

**Fringe Benefits:** List the components that comprise the fringe benefit rate (e.g., health insurance, taxes, unemployment insurance, life insurance, retirement plan, tuition reimbursement). The fringe benefits must be directly proportional to the allocated personnel costs.

**Travel:** List travel costs categorized by local and long distance travel. For local travel, the mileage rate, number of miles, reason for travel, and staff/board members completing the travel must be outlined. For long distance travel, include the reason for travel (e.g., name of conference and location), staff traveling, as well as itemized costs associated with airfare, ground transportation, per diem, hotel, conference/meeting registration fees, etc. The budget must also reflect travel expenses associated with participating in proposed meetings, trainings, or workshops.

**Equipment:** Identify the cost per item and justify the need for each piece of equipment to carry out the project. Equipment is any article of tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$5,000 ([Uniform Guidance 45 CFR Part 75.2 Definitions](#)). All items with an acquisition cost per unit less than the capitalization threshold are considered supplies.

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<sup>2</sup> If a full-time staff member is paid from several HRSA funding sources, the total federal contribution to that staff person's salary cannot exceed \$187,000.

**Supplies:** List the items necessary for project implementation, separating items into three categories: office supplies (e.g., paper, pens), educational supplies (e.g., brochures), and medical supplies.

**Contracts:** Provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. Each recipient is responsible for ensuring that it has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring contracts consistent with the federal procurement standards set forth in [45 CFR Part 75](#): Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Nonprofit Organizations, and Commercial Organizations or [45 CFR Part 92](#): Uniform Administrative Requirements for Grants And Cooperative Agreements to State, Local, and Tribal Governments, as appropriate.

**Other:** Include all costs that do not fit into any other category and provide an explanation of each cost (e.g., audit, legal counsel). In some cases, rent and utilities fall under this category if they are not included in an approved indirect cost rate.

**Indirect Costs:** Indirect costs include costs incurred for common or joint objectives that cannot be readily identified but are necessary to organizational operation (e.g., facility operation and maintenance, depreciation, administrative salaries). Visit the [Program Support Center](#) to learn more about indirect cost rate agreements, including the process for applying for an agreement.

**Note:** If your organization claims indirect costs in your budget, you must upload a copy of your most recent indirect cost rate agreement in Attachment 11.

## Attachment Instructions

### **Performance Narrative (Required for POL and NHHCS)**

Provide a brief narrative highlighting **broad issues, significant progress, and challenges** that have impacted the target audience and the NHHCS or POL since submission of the FY 2016 progress report. The Performance Narrative should include a discussion of the following elements (1 through 6):

- 1. Any significant changes of the demographics or needs of the target population, and/or changes in the service area and population served.**
- 2. Any significant progress, challenges, and changes to the approved activities.** Include a description of:
  - Specific challenges encountered and the strategies used to overcome them.
  - Significant strategy changes needed to address the unique needs of the target population.
- 3. Any significant changes to collaborations, partnerships, and coordinated activities.** Describe significant changes since submission of the FY 2016 NHHCIA progress report to planned or current collaborations or activities coordinated with other organizations.

Address how these changes will impact achievement of the proposed objectives and describe any related contractual and financial arrangements with those organizations. Refer to Attachment 10 as appropriate.

**4. Any significant changes to program evaluation plans.** Describe significant changes since submission of the FY 2016 NHHCIA progress report to the evaluation strategies related to data collection, analysis, and dissemination/sharing.

**5. Any significant changes to project staffing.** Describe updates to the project's staffing plan since submission of the FY 2016 NHHCIA progress report and address any significant challenges encountered in recruiting and retaining key management/project staff to accomplish the objectives. Refer to Attachments 7, 8, and 9 as appropriate.

**6. How the funding match requirement was met (*NHHCS ONLY*).**

As described in the authorizing statute [42 U.S.C. 11705(e)], all applicants, **except POL**, must accrue non-federal matching funds in an amount equal to \$1 for every \$5 of federal funds (see [Cost Sharing/Matching](#) for details). This means that at least 16.7 percent of the total budget must be paid for with non-federal resources. Describe how this match requirement was met in FY 2016 (August 1, 2016 through July 31, 2017).

## APPENDIX A: Attachment Instructions for Papa Ola Lokahi Only

### Overview of Attachments 1 and 2

You will upload two versions of your Project Work Plan:

- One version will provide updates on progress made, thus far, since the last progress report submission, towards goals established in the Project Work Plan submitted as part of the FY 2015 competitive application.
- The second version will provide anticipated changes to the upcoming budget period's Project Work Plan.

Refer to the two sample Project Work Plans on the [NHHCIA TA webpage](#) and follow the instructions below to ensure that all required information is provided.

### Attachment 1: FY 2016 Project Work Plan Progress Report

Starting with the FY 2016 Project Work Plan Update included in last year's submission add a column titled FY 2016 Progress. In this new column, provide information regarding progress made toward planned activities and goals since last year's progress report submission. Do not edit any other fields. Refer to the sample FY 2016 Project Work Plan Progress Report on the [NHHCIA TA webpage](#) to ensure submission of a complete Progress Report.

### Attachment 2: FY 2017 Project Work Plan Update

Start with the FY 2016 Project Work Plan Update submitted with your FY 2016 progress report and update it as needed to highlight any changes planned for the upcoming budget period (August 1, 2017 through July 31, 2018). This version of the Project Work Plan should include all of the fields that were included in the FY 2016 Project Work Plan Update, with appropriate edits to describe proposed new activities/changes. **Highlight fields with updates to facilitate Project Officer review of proposed changes. Any previously highlighted changes indicated in the FY 2016 Project Work Plan Update submitted with last year's progress report should not be highlighted. Only highlight changes planned for the upcoming FY 2017 budget period.** Refer to the sample FY 2017 Project Work Plan Update on the [NHHCIA TA webpage](#) to ensure submission of a complete Update.

## **APPENDIX B: Attachment Instructions for Native Hawaiian Health Care Systems Only**

### **Attachment 3: Service Projections Update**

There are three required service projections that link to legislatively-required NHHCS services. All three services must be tracked over the course of the three-year project period. Starting with the Service Projections Update submitted with the FY 2016 progress report, edit both the Numeric Progress and Narrative Progress columns to provide a numeric data update showing progress to date and a narrative explanation of such progress in relation to the goal. Refer to the sample on the [NHHCIA TA webpage](#) to ensure that progress is properly reported.

### **Attachment 4: Clinical Performance Measures (Required and Optional)**

#### **Required Clinical Performance Measures**

There are six required clinical performance measures that link to legislatively-required NHHCS services. Progress toward all six performance measure goals must be tracked over the course of the three-year project period. Starting with the Required Clinical Performance Measures Forms submitted with the FY 2016 progress report, add two new rows to provide both a numeric data update and a narrative explanation of such progress in relation to the goal. Refer to the sample on the [NHHCIA TA webpage](#) to ensure that progress is properly reported.

#### **Optional Clinical Performance Measures**

If optional clinical performance measures were included in the FY 2015 application, progress toward all such measures must be tracked over the course of the three-year project period. Starting with the Optional Clinical Performance Measures Forms submitted with the FY 2016 progress report, add two new rows to provide both a numeric data update and a narrative explanation of such progress in relation to the goal. Refer to the sample on the [NHHCIA TA webpage](#) to ensure that progress is properly reported. If no Optional Clinical Performance Measures Forms were included in the FY 2015 application, do not include any in this submission.

### **Attachment 5: Financial Performance Measures (Required and Optional)**

#### **Required and Optional Financial Performance Measures**

In the FY 2015 application, applicants set goals for the Grant Costs Financial Performance Measure and at least one of the remaining three other Financial Performance Measures for a total of at least two Financial Performance Measures. Progress toward the Financial Performance Measures goals must be tracked over the course of the three-year project period. Starting with the Financial Performance Measures Forms submitted with the FY 2016 progress report, add two new rows to provide both a numeric data update and a narrative explanation of such progress in relation to the goal. Refer to the sample on the [NHHCIA TA webpage](#) to ensure that progress is properly reported.

## Attachment 6: Income Analysis Form

Use the Income Analysis Form template posted at [NHHCIA TA webpage](#) to show the expected income sources (projected patient services and other income from all sources (other than the NHHCS grant) for the upcoming budget period of August 1, 2017 through July 31, 2018. The Income Analysis form is divided into two parts: (1) program income (known as patient service revenue) and (2) all other income (known as other federal, state, local and other income).

Patient service revenue is revenue that is directly tied to the provision of services to the health care system's patients. Services to patients that are reimbursed by health insurance plans, managed care organizations, categorical grant programs (e.g., family planning), employers, and health provider organizations are classified as patient service revenue. Reimbursements may be based upon visits, procedures, member months, enrollees, the achievement of performance goals, or other service related measures. All income not classifiable as program income is classified as other income.

### Part 1: Patient Service Revenue—Program Income

The program income section groups billable visits and income into the same five payer groupings used in the Uniform Data System (UDS) (see the [UDS Manual Reporting Instructions for 2016 Health Center Data](#) for details). All patient service revenue is reported in this section of the form. This includes all income from medical, dental, mental health, substance abuse, other professional, vision, and other clinical services as well as income from ancillary services such as laboratory, pharmacy, and imaging services.

**Patient service revenue associated with sites or services not in the approved scope of project including those pending approval is to be excluded.**

**Column (a) Patients by Primary Medical Insurance:** These are the projected number of unduplicated patients classified by payer based upon the patient's **primary medical insurance**. The primary insurance is the payer that is billed first. The patients are classified in the same way as found in UDS Table 4, lines 7–12. This column should not include patients who are only seen for non-billable or enabling service visits. Examples for determining where to count patients include:

- A crossover patient with Medicare and Medicaid coverage is to be classified as a Medicare patient on line 2.
- A Medicaid patient with no dental coverage who is only seen for dental services is to be classified as a Medicaid patient on line 1 with a self-pay visit on line 5.

**Column (b): Billable Visits:** These include all billable/reimbursable visits. There may be other exclusions or additions which, if significant, should be noted in the Comment/Explanatory Notes box at the bottom of the form. Billable services related to laboratory, pharmacy, imaging, and other ancillary services are not to be included in this column.

**Column (c): Income per Visit:** This value may be calculated by dividing projected income by billable visits.

**Column (d): Projected Income:** This is the projected accrued net revenue, including an allowance for bad debt from all patient services for each pay grouping in the first year of the proposed project period.

**Column (e): Prior FY Income:** This is the income data from the most recent fiscal year, which will be either interim statement data or audit data. The fiscal year was specified because the interim data can eventually be compared to actual audit data.

**(Lines 1–5) Payer Categories:** There are five payer categories including Medicaid, Medicare, Other Public, Private, and Self-Pay, reflecting the five payer groupings used in Table 9d of the UDS. The UDS instructions are to be used to define each payer category (see the [UDS Manual Reporting Instructions for 2016 Health Center Data](#)).

Visits are reported on the line of the primary payer (payer billed first). The income is classified by the payer groupings where the income is earned. When a single visit involves more than one payer, attribute that portion of the visit income to the payer group from which it is earned. In cases where there are deductibles and co-payments to be paid by the patient, that income is to be shown on the self-pay line. If the co-payment is to be paid by another payer, that income should be shown on the other payer's line. It is acceptable if the applicant cannot accurately associate the income to secondary and subsequent sources.

All service income is to be classified by payer, including pharmacy and other ancillary service revenue. In the event the applicant does not normally classify the projected ancillary or other service revenue by payer category, the projected income is to be allocated by payer group using a reasonable allocation method, such as the proportion of medical visits or charges. The method used should be noted in the Comments/Explanatory Notes section at the bottom of the form.

**(Line 1) Medicaid:** This includes income for services billed to and paid for by Medicaid (Title XIX), regardless of whether they are paid directly or through a fiscal intermediary or a Health Maintenance Organization. Medicaid income may include fee-for-service reimbursement, capitated managed care, fee-for-service managed care, Early Periodic Screening, Diagnosis, and Treatment (EPSDT), Children's Health Insurance Program (CHIP), and other reimbursement arrangements administered either directly by the state agency or by a fiscal intermediary. It includes all projected Medicaid income from managed care capitation, incentives, and primary care case management income.

**(Line 2) Medicare:** This includes income from fee-for-service reimbursement, capitated managed care, fee-for-service managed care, Medicare Advantage plans, and other reimbursement arrangements administered either directly by Medicare or by a fiscal intermediary. It includes all projected income from managed care capitation, risk pool



distributions, performance incentives, and care management fee income from the Affordable Care Act (ACA) Medicare Demonstration Program.

**(Line 3) Other Public:** This includes income from federal, state, or local government programs earned for providing services that is not reported elsewhere. A CHIP operated independently from the Medicaid program is an example of other public insurance. Other Public also includes income from categorical grant programs when the grant income is earned by providing services. Examples of these include CDC's National Breast and Cervical Cancer Early Detection Program and the Title X Family Planning Program.

**(Line 4) Private:** This includes income from private insurance plans, managed care plans, insurance plans from the ACA marketplaces/exchanges, and other private contracts for service. This includes plans such as Blue Cross and Blue Shield, commercial insurance, managed care plans, self-insured employer plans, group contracts with unions and employers, service contracts with employers and Veteran's Administration Community Based Outpatient Clinic (CBOC) contracts. Income from health benefit plans which are earned by government employees, veterans, retirees, and dependents, such as TRICARE, the federal employee health benefits program, state employee health insurance benefit programs, teacher health insurance, and similar plans are to be classified as private insurance. Private insurance is earned or paid for by the beneficiary and other public insurance is unearned or based upon meeting the plan's eligibility criteria.

**(Line 5) Self-Pay:** This includes income from patients, including full-pay self-pay and sliding fee patients, as well as the portion of the visit income for which an insured patient is personally responsible.

**(Line 6) Total:** This is the sum of lines 1-5.

## **Part 2: Other Income – Other Federal, State, Local and Other Income**

This section includes all income other than the patient service revenue shown in Part 1 (exclusive of the BPHC Native Hawaiian grant request). It includes other federal, state, local, and other income. It is income that is earned but not directly tied to providing visits, procedures, or other specific services. Income is to be classified on the lines below based upon the source from whom the revenue is received. Income from services provided to non-health care system patients (patients of an entity with which the health care system is contracting) either in-house or under contract with another entity such as a hospital, nursing home or other health care system is to be reported in Part 2: Other Income (see examples below). This would include income from in-house retail pharmacy sales to individuals who are not patients of the health care system. See Lines 9 and 10 for examples of services provided to non-health care system patients (patients of an entity with which the health care system is contracting).

**(Line 7) Other Federal:** This is income from federal grants where the applicant is the recipient of a Notice of Award from a federal agency. It does not include the BPHC Native Hawaiian grant request or federal funds awarded through intermediaries (see Line 9 below). It includes grants

from federal sources such as the Centers for Disease Control and Prevention (CDC), Housing and Urban Development (HUD), Centers for Medicaid and Medicare Services (CMS), and others. It includes Department of Health and Human Services (DHHS) grants under the Ryan White Part C program; American Recovery and Reinvestment Act (ARRA) capital improvement project grants; DHHS Facility Investment Program (FIP) grants and others. The CMS Medicare and Medicaid electronic health record incentive program income is reported here in order to be consistent with the UDS reporting instruction.

**(Line 8) State Government:** This is income from state government grants, contracts, and programs, including uncompensated care grants; state indigent care income; emergency preparedness grants; mortgage assistance; capital improvement grants; school health grants; Women, Infants, and Children (WIC); immunization grants; and similar awards.

**(Line 9) Local Government:** This is income from local government grants, contracts, and programs, including local indigent care income, community development block grants, capital improvement project grants, and similar awards. For example: (1) a health care system that contracts with the local Department of Health to provide services to the Department's patients is to report all the income earned under this contract on this line, and (2) Ryan White Part A funds are federal funds awarded to municipalities who in turn make awards to provider organizations, so Ryan White Part A grants would be classified as income earned from a local government and be shown on this line.

**(Line 10) Private Grants/Contracts:** This is income from private sources such as foundations, non-profit entities, hospitals, nursing homes, drug companies, employers, other health care systems, and similar entities. For example, a health care system operating a 340B pharmacy in part for its own patients and in part as a contractor to another health care system is to report the pharmacy income for its own patients in Part 1 and the income from the contracted health care system on this line.

**(Line 11) Contributions:** This is income from private entities and individual donors which may be the result of fund raising.

**(Line 12) Other:** This is incidental income not reported elsewhere and includes items such as interest income, patient record fees, vending machine income, dues, and rental income. Applicants typically have at least some Other income to report on Line 12.

**(Line 13) Applicant (Retained Earnings):** This is the amount of funds needed from the applicant's retained earnings or reserves in order to achieve a breakeven budget. Explain in the Comments/Explanatory notes section why applicant funds (retained earnings) are needed to achieve a breakeven budget. Amounts from non-federal sources, combined with the BPHC Native Hawaiian funds, should be adequate to support normal operations.

**(Line 14) Total Other:** This is the sum of lines 7–13.

**(Line 15) Total Non-Federal (Non-BPHC Native Hawaiian) Income (Program Income Plus Other):** This is the sum of Lines 6 and 14 and is the total non-federal (non-BPHC Native Hawaiian) income.

**Note that in-kind donations are not included as income on the Income Analysis form.** Applicants should discuss in-kind donations in the [Performance Narrative](#).

## **APPENDIX C: Attachment Instructions for Native Hawaiian Health Care Systems and Papa Ola Lokahi**

### **Attachment 7: Staffing Plan (*as applicable*)**

If changes to the staffing plan have been made since submission of the FY 2016 progress report, upload a staffing plan table that provides a justification for each new staff member, including education and experience qualifications, and a rationale for the amount of time being requested for each staff position to be supported under the grant. A sample is available at the [NHHCIA TA webpage](#).

### **Attachment 8: Position Descriptions (*as applicable*)**

If changes to the position descriptions for key personnel have been made since submission of the FY 2016 progress report, upload position descriptions for key personnel only, including Chief Executive Officer (CEO), Chief Financial Officer (CFO), Chief Operating Officer (COO), and Project Director (PD). Each position description should be limited to one page and must include the position title; description of duties and responsibilities; position qualifications; supervisory relationships; salary range; and work hours.

### **Attachment 9: Biographical Sketches for Key Personnel (*as applicable*)**

If changes to key personnel have been made since submission of the FY 2016 progress report, upload biographical sketches for new key personnel only, including CEO, CFO, COO, and PD. Biographical sketches should not exceed one page each. When applicable, biographical sketches should include training, language fluency, and experience working with the cultural and linguistically diverse.

### **Attachment 10: Summary of Contracts and Agreements (*as applicable*)**

If changes to contracts and agreements have been made since submission of the FY 2016 progress report, upload a brief summary describing project-related contracts and agreements. The summary must address the following items for each contract or agreement:

- Name and contract information for each affiliated agency;
- Type of contract or agreement (e.g., contract, affiliation agreement);
- Brief description of the purpose and scope (i.e., type of services provided, how/where services are provided); and
- Timeframe for each agreement/contract/affiliation.

### **Attachment 11: Other Relevant Documents (*as applicable*)**

If your budget request includes indirect costs, include your indirect cost rate agreement. Additional documents to support the progress report may be provided, as desired.